

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	12/16/61
1/3/64	
5	— N N
5	— N N
7	— N N
8	✓ ✓
9	✓ ✓
10	✓ ✓
11	✓ ✓
12	✓ ✓
13	— N N
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26	
27	
28	— N N
29	✓ ✓
30	— N N
31	— N
33	— N N
34	— N N
36	— N N
38	— N N
39	— N N
40	— N N
41	— N N
43	— N N
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50	— N N

Claim	Date
Final	12/16/61
Original	1/3/64
51	— N N
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100	— N N

Claim	Date
Final	12/16/61
Original	1/3/64
101	— N N
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152	— N N

If more than 150 claims or 10 actions  
staple additional sheet here

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